

BOTTLED WATER DISTRIBUTOR LICENSE APPLICATION

INSTRUCTIONS: A separate application ***submitted in duplicate*** is required for ***each place of business***. The fee for each ***renewal*** or ***new*** application in the sum indicated below payable to the **Department of Health Services** must accompany this application. Unsigned or incomplete applications cannot be processed. **For renewal applications**, please indicate the license number on the top right-hand corner of your check **and** on this application. Please submit original and duplicate applications with the appropriate fee to:

Department of Health Services
Food and Drug Branch
P.O. Box 942832
Sacramento, CA 94234-0006

2003 fee for **new renewal** in-state distributor: ☐ \$442.17 (PCA 85125)

Type of application (check one): ☐ Renewal ☐ New ☐ Amended If renewal, specify license number: _____

| | | | | | | |
|--|-----------------------------------|----------------------|--|---------------|----------|---|
| Name of firm | | DBA (if appropriate) | | | | |
| Business address (number, street) | | City | | State | ZIP code | Telephone number () |
| Mailing address (if different from above) (P.O. Box) | | City | | State | ZIP code | Emergency telephone number () |
| County where business is located | Person responsible for operations | | | Correspondent | | |

BOTTLED WATER PRODUCTS (only products in *returnable* bottles can be distributed under this license): (Check code and attach labels)

- ☐ A — Drinking ☐ F — Flavored ☐ K — Purified by reverse osmosis
☐ B — Distilled ☐ G — Spring ☐ L — Well (nonartesian)
☐ C — Mineralized ☐ H — Artesian Well ☐ M — Other (describe): _____
☐ D — Mineral ☐ I — Carbonated (sparkling)
☐ E — Fluoridated ☐ J — Purified by deionization

| | | | |
|--------------------------|------|-------------------------------|----------|
| Bottler(s) name | | Bottling plant license number | |
| Address (number, street) | City | State | ZIP code |

List individual product brand names and attach labels (Attach a separate sheet of paper if more space is needed.)

[illegible]

Were any changes made from the previous application (*renewal application only*)?☐ Yes☐ No

If yes, please explain.

Type of ownership

☐ Partnership☐ Corporation☐ Association☐ Individual/sole proprietorship☐ Other (describe) _____

If an individual or sole proprietorship:

Name of individual or sole proprietor

Name of business entity (DBA)

If a partnership or other unincorporated association:

Name of each partner or member

Name of the partnership or association

If a corporation:

Name of corporation

Name of state of incorporation

Name of each corporate officer and corporate director

Title of each corporate officer and corporate director

The Food and Drug Branch **must be notified immediately** of any change in the above information. If any changes were made, explain on a separate sheet.

Under penalty of perjury, under the laws of the State of California, the person whose signature appears below certifies and says that: (1) he/she is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) he/she has read the foregoing application and knows the contents thereof and that each and all statements therein made are true; (3) no person other than the applicant or applicants has any direct or indirect interest in the applicant's business to be conducted under the license for which this application is made; and (4) all supplemental statements are true and accurate.

Signature of applicant

Date



Name of applicant (please print)

Title of applicant

California Department of Health Services
Food and Drug Branch
Water Licensing Desk (MS-357)
P.O. Box 942732
601 North Seventh Street
Sacramento, CA 94234-7320
(916) 323-4774

PROCEDURE FOR OBTAINING A BOTTLED WATER DISTRIBUTOR LICENSE

California Health and Safety Code (H&SC), Sections 111070 through 111195, include provisions that require distributors, who deliver bottled water products in **returnable** bottles directly to customers in California, to obtain a license issued by the Department of Health Services. The following describes what you must do to help us issue your license as quickly as possible:

LICENSE APPLICATION

Submit a completed application form in duplicate together with the required fee (nonrefundable) to the ADDRESS SHOWN ON THE APPLICATION FORM. Any incomplete and/or illegible application will be RETURNED to the applicant, which would result in a significant delay in the processing of that application. The fee is adjusted annually as required by H&SC, Section 100425. The license is valid for one calendar year and expires on December 31.

FDB will perform an on-site inspection of your facility before issuing a license to assure that the facility meets the requirements specified in state and federal laws. Please contact one of the nearest FDB offices (see below) for a phone number to call for an appointment for inspection.

NOTE: Submit the information specified below (items 1 through 5) in duplicate to a Food and Drug Investigator at the time of inspection of your facility.

INFORMATION REQUIRED AT THE TIME OF INSPECTION

1. Name of the bottling firm whose product(s) you distribute in California, the bottling plant's address, phone number, and number of the license issued by the California Department of Health Services' Food and Drug Branch (FDB).
2. Original-product labels, -advertising, and -promotional materials meeting the requirements of the California H&SC and applicable regulations. Photocopies of these materials are not acceptable. Typed or photocopied labels may be submitted with prior approval of FDB only if the labels are: (1) printed or embossed directly on bottles, or (2) large labels (greater than 100 square inches in label size) printed directly on large boxes.
3. Substantiating information for label claims. They must meet the product definition as specified in H&SC, Section 111175 and 111195, and must comply with the regulations on nutrition labeling (H&SC, Section 110100).
4. Copies of forms for keeping a log of product lot codes, date of production, warehouse facilities, date and place of distribution, and gallons distributed.
5. Information on dispensing coolers that the distributor handles such as: number of coolers, their locations, sanitizing procedures, sanitizing/cleaning compounds used, and the frequency of cleaning/sanitization.

FOOD AND DRUG BRANCH OFFICES

FDB Water Licensing Desk
P.O. Box 942732
601 North Seventh Street (MS-357)
Sacramento, CA 94234-7320
Telephone: (916) 323-4774
FAX: (916) 322-6326

FDB Los Angeles Office
1449 West Temple Street, Room 224
Los Angeles, CA 90026
Telephone: (213) 580-5720
FAX: (213) 580-5750